

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEA Advocacy Fund

ADDRESS (number and street)

1201 16th Street NW Suite 418

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489815

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

11

08

2016

in the
State of

DC

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2016

through

10

19

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Edwards, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Edwards, Michael, , ,

[Electronically Filed]

Date

10

27

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y Y
10		19		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">1086504.13</td></tr></table>	1086504.13				
Y	Y	Y	Y	Y													
2016																	
1086504.13																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">1827222.58</td></tr></table>	1827222.58															
1827222.58																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">5500000.00</td></tr></table>	5500000.00					<table><tr><td colspan="5">15513457.50</td></tr></table>	15513457.50									
5500000.00																	
15513457.50																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">7327222.58</td></tr></table>	7327222.58					<table><tr><td colspan="5">16599961.63</td></tr></table>	16599961.63									
7327222.58																	
16599961.63																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">3581939.25</td></tr></table>	3581939.25					<table><tr><td colspan="5">12854678.30</td></tr></table>	12854678.30									
3581939.25																	
12854678.30																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">3745283.33</td></tr></table>	3745283.33					<table><tr><td colspan="5">3745283.33</td></tr></table>	3745283.33									
3745283.33																	
3745283.33																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">221521.42</td></tr></table>	221521.42															
221521.42																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2016

To:

M M	/	D D	/	Y Y Y Y
10		19		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5500000.00

15500000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5500000.00

15500000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

13457.50

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5500000.00

15513457.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

5500000.00

15513457.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5500000.00

15513457.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	157307.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	157307.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	720000.00	4965833.00
24. Independent Expenditures (use Schedule E)	1436939.25	2688791.25
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1425000.00	5042746.55
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3581939.25	12854678.30
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3581939.25	12854678.30

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5500000.00	15513457.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500000.00	15513457.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	157307.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	157307.50

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 39
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. National Education Association

Mailing Address 1201 16th Street NW

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEA

Occupation (for Individual)
Not Applicable

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 11 / 2016

Transaction ID : A2016-2002123

Amount of Each Receipt this Period

5500000.00

☐ Memo Item

Per capita dues

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5500000.00

5500000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Standing Up For California's Middle Class

Mailing Address 234 E. Colorado Blvd

City
PasadenaState
CAZip Code
91101Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	6		

FEC Identification Number

C C00572610

Transaction ID : B633722

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Patriot Majority PAC

Mailing Address PO Box 35522

City
WashingtonState
DCZip Code
20033Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	6		

FEC Identification Number

C C00469890

Transaction ID : B629437

Amount of Each Disbursement this Period

450000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. America Votes Action Fund

Mailing Address 1155 Connecticut Ave NW Ste 600

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C C00492520

Transaction ID : B633727

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

520000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. AAPI Victory Fund

Mailing Address 3690 Gandy Blvd. #197

City
TampaState
FLZip Code
33611Purpose of Disbursement
Contribution

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
10		07		2016

FEC Identification Number

C C00589507

Transaction ID : B633723

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

200000.00

TOTAL This Period (last page this line number only).....▶

720000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Great Schools Now

Mailing Address 345 E Palm Ln

City
PhoenixState
AZZip Code
85004Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633729

Amount of Each Disbursement this Period

125000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FL Education Association Advocacy PAC

Mailing Address 213 S. Adams Street

City
TallahasseeState
FLZip Code
32301Purpose of Disbursement
Non-Federal PAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633726

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky Family Values

Mailing Address PO Box 701374

City
LouisvilleState
KYZip Code
40202Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633725

Amount of Each Disbursement this Period

200000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

425000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Citizens Who Support Maine's Public Schools

Mailing Address 35 Community Drive

City
AugustaState
MEZip Code
04330Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633730

Amount of Each Disbursement this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Good Jobs Montana

Mailing Address 1633 Main St. Suite A-354

City
BillingsState
MTZip Code
59105Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633735

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Image Pointe

Mailing Address PO Box 657

City
WaterlooState
IAZip Code
50704Purpose of Disbursement
IE:Support-Stickers

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633740

Amount of Each Disbursement this Period

142.85

memo

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

350000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Image Pointe

Mailing Address PO Box 657

City
WaterlooState
IAZip Code
50704Purpose of Disbursement
IE:Support-T-shirts

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633741

Amount of Each Disbursement this Period

1463.58

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. GBI Strategies

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
IE:Support-Canvass Expense

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633840

Amount of Each Disbursement this Period

1590.00

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

Bullock, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633303

Amount of Each Disbursement this Period

825.00

memo

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

	21b		22		23		26		27
	28a		28b		28c	x	29		30b

NEA Advocacy Fund

A. Mission Control Inc.

011

C

45.83

Fox, Tim, , ,

	House
	Senate
	President

☐ Primary ☒ General
☐ Other (specify) ▼

District:

X Memo Item

B. GBI Strategies LLC

Three digital displays showing the date 10/17/2016 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '17' for the day, and the third shows '2016' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

011

C

89.00

Fox, Tim, , ,

	House
	Senate
	President

☐ Primary ☒ General
☐ Other (specify)

District:

X Memo Item

C. GBI Strategies LLC

011

C

89.00

Laslovich, Jesse, , ,

	House
	Senate
	President

☐ Primary ☒ General
☐ Other (specify) ▼

District:

X Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

Laslovich, Jesse, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : B633307

Amount of Each Disbursement this Period

45.83

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

Lindeen, Monica, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : B633310

Amount of Each Disbursement this Period

45.84

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
IE:Support-Canvass Expenses

011

Category/
Type

Candidate Name

Lindeen, Monica, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : B633301

Amount of Each Disbursement this Period

89.00

memo

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

McGrath, Mike, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633308

Amount of Each Disbursement this Period

45.83

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
IE:Support-Canvass Expenses

011

Category/
Type

Candidate Name

McGrath, Mike, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633298

Amount of Each Disbursement this Period

89.00

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GBI Strategies

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
IE:Support-Canvass Expense

011

Category/
Type

Candidate Name

Romano, Melissa, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633841

Amount of Each Disbursement this Period

531.00

memo

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

Romano, Melissa, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : B633304

Amount of Each Disbursement this Period

275.00

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

Sandefur, Dirk, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify)

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : B633305

Amount of Each Disbursement this Period

45.83

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
IE:Support-Canvass Expenses

011

Category/
Type

Candidate Name

Sandefur, Dirk, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2016

FEC Identification Number

C

Transaction ID : B633294

Amount of Each Disbursement this Period

89.00

memo

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Printing and shipping handbills

011

Category/
Type

Candidate Name

Shea, Jim, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2016					

FEC Identification Number

C

Transaction ID : B633309

Amount of Each Disbursement this Period

45.84

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. GBI Strategies LLC

Mailing Address 5809 Fifer Dr.

City
AlexandriaState
VAZip Code
22303Purpose of Disbursement
IE:Support-Canvass Expenses

011

Category/
Type

Candidate Name

Shea, Jim, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				17				2016					

FEC Identification Number

C

Transaction ID : B633300

Amount of Each Disbursement this Period

89.00

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MEA-MFT

Mailing Address 1232 E. 6th Avenue

City
HelenaState
MTZip Code
59601Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2016					

FEC Identification Number

C

Transaction ID : B633724

Amount of Each Disbursement this Period

50000.00

Memo Item

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Real Facts NC

Mailing Address PO Box 1093

City
RaleighState
NCZip Code
27602Purpose of Disbursement
Non-Profit Organization

012

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633734

Amount of Each Disbursement this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Put New Hampshire First

Mailing Address 373 S. Willow Street, D1-1, #220

City
ManchesterState
NHZip Code
03103Purpose of Disbursement
Non-Federal IE Committee

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633640

Amount of Each Disbursement this Period

300000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control Inc.

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Mail advertising

011

Category/
Type

Candidate Name

Van Ostern, Colin, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632771

Amount of Each Disbursement this Period

49998.55

memo

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

450000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Direct Mail

011

Category/
Type

Candidate Name

Chandler, Charlie, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2016					

FEC Identification Number

C

Transaction ID : B632969

Amount of Each Disbursement this Period

7168.55

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Direct Mail

011

Category/
Type

Candidate Name

Garvey, John, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2016					

FEC Identification Number

C

Transaction ID : B632990

Amount of Each Disbursement this Period

5403.10

Memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Direct Mail

011

Category/
Type

Candidate Name

Gilmour, Peggy, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2016					

FEC Identification Number

C

Transaction ID : B632968

Amount of Each Disbursement this Period

5325.90

memo

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Direct Mail

011

Category/
Type

Candidate Name

Hosmer, Andrew, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2016					

FEC Identification Number

C

Transaction ID : B632970

Amount of Each Disbursement this Period

6039.46

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Mission Control

Mailing Address 624 Hebron Ave., Bldg 3

City
GlastonburyState
CTZip Code
06033Purpose of Disbursement
IE:Support-Direct Mail

011

Category/
Type

Candidate Name

McGilvray, Scott, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH

District: 16

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				18				2016					

FEC Identification Number

C

Transaction ID : B632971

Amount of Each Disbursement this Period

4932.89

memo

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Nevada State Education Assn. PAC

Mailing Address 3511 E. Harmon Ave.

City
Las VegasState
NVZip Code
89121Purpose of Disbursement
Non-Federal PAC

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Not Applicable

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C

Transaction ID : B633710

Amount of Each Disbursement this Period

125000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

Full Name (Last, First, Middle Initial)

A. West Virginia Family Values

Mailing Address PO Box 2845

City
CharlestonState
WVZip Code
25330Purpose of Disbursement
O-2016 State Ind Exp Cmte WV

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				07				2016					

FEC Identification Number

C

Transaction ID : B632075

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25000.00

1425000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 39

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gail Gonzales

Nature of Debt (Purpose):

Literature

Mailing Address 313 Bordner Dr.

City

Madison

State

WI

Zip Code

53705

Outstanding Balance Beginning This Period

293.49

Transaction ID : D535601

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

293.49

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GBI Strategies LLC

Nature of Debt (Purpose):

Canvassing Expenses

Mailing Address 5809 Fifer Dr.

City

Alexandria

State

VA

Zip Code

22303

Outstanding Balance Beginning This Period

83746.00

Transaction ID : D535602

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

83746.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Image Pointe

Nature of Debt (Purpose):

Visibility Materials

Mailing Address PO BOX 657

City

Waterloo

State

IA

Zip Code

50704

Outstanding Balance Beginning This Period

15154.95

Transaction ID : D535603

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15154.95

1) **SUBTOTALS** This Period This Page (optional)..... ►

99194.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 39

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mission Control Inc.

Nature of Debt (Purpose):
Printing

Mailing Address 624 Hebron Ave. Bldg 3

City
GlastonburyState
CTZip Code
06033

Outstanding Balance Beginning This Period

87568.45

Transaction ID : D535604

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

87568.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Education Association

Nature of Debt (Purpose):
Staff time

Mailing Address 1201 16th St. NW

City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

952.50

Transaction ID : D535605

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

952.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ralston Lapp Media

Nature of Debt (Purpose):
Media production

Mailing Address 1054 31st St. NW Ste 430

City
WashingtonState
DCZip Code
20007

Outstanding Balance Beginning This Period

25506.83

Transaction ID : D535606

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25506.83

1) **SUBTOTALS** This Period This Page (optional)..... ►

114027.78

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 39

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Shorr Johnson Magnus Strategic Media

Nature of Debt (Purpose):
Media Production

Mailing Address 100 N. 20th St. Ste 201

City
PhiladelphiaState
PAZip Code
20007

Outstanding Balance Beginning This Period

1551.27

Transaction ID : D535607

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1551.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKD Knickerbocker

Nature of Debt (Purpose):
Media Production

Mailing Address 1150 18th St. NW

City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

6747.93

Transaction ID : D535608

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6747.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

8299.20

2) TOTALS This Period (last page this line number only)..... ►

221521.42

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

221521.42

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 07 / 2016</div> </div>	
Mailing Address 3050 K Street, NW, Ste 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">168518.00</div>	
City Washington	State DC	Zip Code 20007		
Purpose of Expenditure Radio advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B631413 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 05 / 2016</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Ayotte, Kelly, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1396066.18</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Waterfront Strategies			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 11 / 2016</div> </div>	
Mailing Address 3050 K Street NW Suite 100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">296796.25</div>	
City Washington	State DC	Zip Code 20007		
Purpose of Expenditure TV Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B632007 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 06 / 2016</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support Poliquin, Bruce, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">309421.25</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	465314.25
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee SKD Knickerbocker			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 07 / 2016
Mailing Address 1150 18th Street, Ste 800			Amount 6747.93		Transaction ID : B631412 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 07 / 2016
City Washington	State DC	Zip Code 20036	Category/ Type 004		
Purpose of Expenditure Radio production			Name of Federal Candidate: Ayotte, Kelly, , ,		
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought			1396066.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Ralston Lapp Media			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
Mailing Address 1054 31st St. NW Suite 430			Amount 12625.00		Transaction ID : B632014 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 11 / 2016
City Washington	State DC	Zip Code 20007	Category/ Type 004		
Purpose of Expenditure TV Advertising			Name of Federal Candidate: Poliquin, Bruce, , ,		
			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME
Calendar Year-To-Date Per Election for Office Sought			309421.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
Mailing Address 3050 K Street NW, Ste 100			Amount 225599.00		
City Washington	State DC	Zip Code 20007	Transaction ID : B632869		
Purpose of Expenditure Radio Ad buy		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 12 / 2016		
Name of Federal Candidate: Young, Todd, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>		
Calendar Year-To-Date Per Election for Office Sought 833216.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee National Education Association			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
Mailing Address 1201 16th Street NW			Amount 952.50		
City Washington	State DC	Zip Code 20036	Transaction ID : B632876		
Purpose of Expenditure Canvass expenses		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 58599.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			225599.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Gail Gonzales			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 313 Bordner Dr.			Amount 293.49 Transaction ID : B632865 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Madison	State WI	Zip Code 53705			
Purpose of Expenditure Literature		Category/ Type 004			
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought 58599.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016
Mailing Address 3050 K Street NW, Ste 100			Amount 594736.00 Transaction ID : B632867 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Washington	State DC	Zip Code 20007			
Purpose of Expenditure TV Ad buy		Category/ Type 004			
Name of Federal Candidate: Young, Todd, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 833216.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 594736.00					
(a) SUBTOTAL of Unitemized Independent Expenditures ▶ 					
(a) TOTAL Independent Expenditures ▶ 					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Image Point			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address PO Box 657					Amount 329.15
City Waterloo		State IA	Zip Code 50704		Transaction ID : B632858
Purpose of Expenditure Stickers			Category/ Type 006		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought			58599.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Image Point			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address PO Box 657					Amount 236.00
City Waterloo		State IA	Zip Code 50704		Transaction ID : B632859
Purpose of Expenditure Visibility materials			Category/ Type 006		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought			58599.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures					0.00
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Image Point <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2016	
Mailing Address PO Box 657				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12983.37</div>	
City Waterloo		State IA		Zip Code 50704	
Purpose of Expenditure Visibility materials				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">58599.51</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Mission Control Inc. <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 14 / 2016	
Mailing Address 624 Hebron Ave., Bldg 3				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1175.00</div>	
City Glastonbury		State CT		Zip Code 06033	
Purpose of Expenditure Printing and shipping of handbill				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">58599.51</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , _____ Signature				<div style="text-align: center;"> [Electronically Filed] </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Date</div> <div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 27 / 2016 </div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Mission Control Inc.			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 624 Hebron Ave., Bldg 3			Amount 1175.00		Transaction ID : B632756
City Glastonbury	State CT	Zip Code 06033			
Purpose of Expenditure Printing and shipping of handbill		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought 58599.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mission Control Inc.			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 624 Hebron Ave., Bldg 3			Amount 1175.00		Transaction ID : B632757
City Glastonbury	State CT	Zip Code 06033			
Purpose of Expenditure Printing and shipping of handbill		Category/Type 004		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: FL
Calendar Year-To-Date Per Election for Office Sought 58599.51			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee GBI Strategies <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 5809 Fifer Dr.				Amount 7420.00	
City Alexandria		State VA		Zip Code 22303	
Purpose of Expenditure Canvass Expense				Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought 58599.51				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee GBI Strategies <input checked="" type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address 5809 Fifer Dr.				Amount 21730.00	
City Alexandria		State VA		Zip Code 22303	
Purpose of Expenditure Canvass Expense				Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 58599.51				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 0.00 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature				Date MM / DD / YYYY 10 / 27 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

 Full Name of Payee
GBI Strategies
☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Mailing Address 5809 Fifer Dr.

Amount

4240.00

City

State

Zip Code

Alexandria

VA

22303

Purpose of Expenditure
Canvass ExpenseCategory/
Type

004

Transaction ID : B632760

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Name of Federal Candidate:

Clinton, Hillary, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☒ President☐ Senate

State: PA

Calendar Year-To-Date
Per Election for Office Sought

58599.51

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶ _____
 Full Name of Payee
GBI Strategies
☒ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Mailing Address 5809 Fifer Dr.

Amount

6890.00

City

State

Zip Code

Alexandria

VA

22303

Purpose of Expenditure
Canvass ExpenseCategory/
Type

004

Transaction ID : B632761

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
 10 / 17 / 2016

Name of Federal Candidate:

Clinton, Hillary, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☒ President☐ Senate

State: FL

Calendar Year-To-Date
Per Election for Office Sought

58599.51

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures

0.00

(a) SUBTOTAL of Unitemized Independent Expenditures

(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Mission Control Inc.			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 624 Hebron Ave., Bldg #			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Glastonbury	State CT	Zip Code 06033	Amount 1175.00		
Purpose of Expenditure Printing and shipping of handbill		Category/ Type 004	Transaction ID : B632762 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Name of Federal Candidate: McGinty, Katie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought 158256.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Mission Control Inc.			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 624 Hebron Ave., Bldg #			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Glastonbury	State CT	Zip Code 06033	Amount 1175.00		
Purpose of Expenditure Printing and shipping of handbill		Category/ Type 004	Transaction ID : B632763 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH		
Calendar Year-To-Date Per Election for Office Sought 22905.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Mission Control Inc.			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 624 Hebron Ave., Bldg #			Amount 1175.00		Transaction ID : B632764 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
City Glastonbury	State CT	Zip Code 06033	Category/ Type 004		
Purpose of Expenditure Printing and shipping of handbill			Name of Federal Candidate: Murphy, Patrick, , ,		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			8065.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee GBI Strategies			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
Mailing Address 5809 Fifer Dr.			Amount 7420.00		Transaction ID : B632765 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016
City Alexandria	State VA	Zip Code 22303	Category/ Type 004		
Purpose of Expenditure Canvass Expense			Name of Federal Candidate: Feingold, Russ, , ,		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought			7420.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee GBI Strategies <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Mailing Address 5809 Fifer Dr.			Amount 21730.00		
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632766		
Purpose of Expenditure Canvass Expense		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Name of Federal Candidate: Strickland, Ted, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought 22905.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee GBI Strategies <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Mailing Address 5809 Fifer Dr.			Amount 4240.00		
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632767		
Purpose of Expenditure Canvass Expense		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2016		
Name of Federal Candidate: McGinty, Katie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA		
Calendar Year-To-Date Per Election for Office Sought 158256.27			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item GBI Strategies				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 5809 Fifer Dr.				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6890.00</div>	
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632768 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Canvass Expense		Category/ Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Murphy, Patrick, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">8065.00</div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item GBI Strategies				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 5809 Fifer Dr.				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">531.00</div>	
City Alexandria	State VA	Zip Code 22303	Transaction ID : B632770 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Canvass Expense		Category/ Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Juneau, Denise, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">1081.00</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>01</u> State: <u>MT</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">0.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Mission Control Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 / 17 / 2016 </div>	
Mailing Address 624 Hebron Ave., Bldg 4			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">275.00</div> Transaction ID : B633274 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 / 17 / 2016 </div>	
City Glastonbury	State CT	Zip Code 06033		
Purpose of Expenditure Printing and Shipping Handbills		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support Juneau, Denise, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1081.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Ralston Lapp Media			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 / 18 / 2016 </div>	
Mailing Address 1054 31st St. NW, Ste 430			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10574.46</div> Transaction ID : B633519 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 10 / 18 / 2016 </div>	
City Washington	State DC	Zip Code 20007		
Purpose of Expenditure TV ad production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Young, Todd, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">833216.83</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

10 / 27 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 39
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Ralston Lapp Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10182016 </div>	
Mailing Address 1054 31st St. NW, Ste 430				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2307.37</div>	
City Washington		State DC		Zip Code 20007	
Purpose of Expenditure Radio ad production				Category/Type 004	
Name of Federal Candidate: Young, Todd, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought 833216.83				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Shorr Johnson Magnus Strategic Media				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10192016 </div>	
Mailing Address 100 N. 20th St., Ste 201				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1551.27</div>	
City Philadelphia		State PA		Zip Code 19103	
Purpose of Expenditure Radio ad production				Category/Type 004	
Name of Federal Candidate: Toomey, Pat, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought 158256.27				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Edwards, Michael, , ,</u> [Electronically Filed]				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-around;"> 10272016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund			FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Waterfront Strategies <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 19 / 2016	
Mailing Address 3050 K Street NW, Ste 100			Amount 151290.00	
City Washington	State DC	Zip Code 20007	Transaction ID : B632870 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 19 / 2016	
Purpose of Expenditure Radio Ad buy-corrected amount of IE rpted 10/20/16 (B632870)		Category/ Type 004		
Name of Federal Candidate: Toomey, Pat, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 158256.27		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/ Type 		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			151290.00	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures			1436939.25	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 27 / 2016